

**CLAIMS ONLY**

**Application Number**

**Filing Date**

10/600,646

**Applicant(s)**

1116104

4115705

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/		/		/	
2		/			X	X
3		/			/	
4	/					/
5		/				/
6	/					/
7		/			/	
8	/					/
9	/		/		/	
10		/			X	X
11	/					/
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Total Indep	2		2		3	
Total Depend	13	←	13	←	11	←
Total Claims	15		15		14	

	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						